

SHELLEMICH 10/13/2019 6:19 PM

Filing status:	Single 2	Individual In Married fling jointly		ng separately		of household	0.0	Mying widow(er	1040-007	+ JIRS Use	9 On	y-Do no	t write or sta	ple in this	spac
MICH	ame and initial		Last					MAN MICHAEL							
			SH	ELLEN	BERGE	ER						Your a	ocial securit	y number	
	ard deduction:	Someone can claim you	as a depend	dent	You were	born before	January 2,	1954	You are	hiller at		1			
HELE	n, spouse's first nam	e and initial	Last r						Tou are	DIING		***************************************			
	ndard deduction:	1.	LE									Spouse	e's social se	curity. num	nber
	is blind	Someone can claim	your spouse a	ıs a depende	nt	Spo	use was bo	m before Jan	uary 2 10	54	+	10-1			
		Spouse itemizes on a	separate ret	um or you w	ere a dual-sta	atus allen			, -, 10		1	X Fu	ill-year health	care cove	rage
	ss (iditibel and stre	et). If you have a P.O. bo	ox, see instruc	ctions.						Apt. no.	\dashv	Or	exempt (see	instr.)	-
			· · · · · · · · · · · · · · · · · · ·					•		1 400 110.		/resion	ential Electio	n Campa	dgn
	post omoc, state, a	nd ZIP code. If you have	a foreign addi	ress, attach S	Schedule 6.						7	(see ins	100	Sp	ouse
Dependents	(see instructions):											II More	than four dep		-
1) First name				(2) 8	Social security r	rumber	(3)	Relationship to	you .		(4)	see ins			丄
		Last name		,				_		Child		. 7	ualifies for (see		
												241	Credit for a	other depend	dents
				+							+			+-	
				 							+				
gn ^{Un}	der penalties of periury.	I declare that I have coming	of Balance								1				:
ere on	ed, and complete. De	I declare that I have examine daration of preparer (other tha	n maami :- r n us ieuni ah	o accompanyin	g schedules ar	nd statement	s, and to the b	est of my know	ledge and	belief, they an	e true				
retum?	Your signature	The branch for the fire	e i expayer) is p	ased on all info	I WIK	on buebarer i	nas any knowl	ledge.			,			1, 253	
nstructions.					Date	Your o	ccupation					If	the IRS sent yo	u an Idenfik	v Dm
a copy for Boords.	Spouse's signatur	e. If a joint return, both r	nuet eign	-	+		<u> INESS</u>		ER/M	ANAG	ER	100	IN, enter it ere (see instr.)		
			idat aigit.		Date	Spouse	's occupatio	on				If	the IRS sent yo	ou an Identili	v Pm
	Preparer's name			ΙP	reparer's sign	SEN:	OR R	ESEAF	CH	ASSO	CI.	ATT	IN, enter it ere (see instr.)		,
d	ANTHONY BA	IRR	71							PTIN	1			eck if:	-
parer	Firm's name	THE HENR	LEV:		MATHON	BARR		~~		**	**	***		,	٠
		5940 COLL	CE V	QIP*	;- - -	- 1	_,[_	71)	V		***************************************		<u>*</u>	3rd Party	Desi
Only	Elemin malata	OAKLAND					.8-138.		s E	**	***			Selfemplo	
	Firm's address	ct, and Paperwork													

1040 (2018) MI	CHAEL SHELLENBERGER & HELEN LEE	11	279,266
1	Wares salaries tips etc. Attach Form(s) W-2	 • - 	219,200
2	a Tax-exempt interest 2a b Taxable interest	2b 3b	
. 3	a Qualified dividends 3a b Ordinary dividends	4b	
4	a IRAs, pensions, and annuities 4a b Taxable amount	5b	
Attach Form(s)	a Social security benefits 5a 23 708	6	303,064
Form(s) W-2G and 6	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 23,798	1	
withheld.	Adjusted gross income. If you have no adjustments to income, enter the although from the co, of aware	7	298,049
		8	32,718
andard eduction for —	subtract Schedule 1, line 36, from line 6 Standard deduction or itemized deductions (from Schedule A)	9	3,757
Single or married	Qualified business income deduction of the instructions)	10	261,574
ng separately, 12,000	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- 1 a Tax (see instr.)		
Married filing 1	1 a Tax (see instr.)		
intly or Qualifying idow(er),	and the delegan	11	51,357
24,000 Head of	b Add any amount from Schedule 2 and check here a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here	12	
ousehold. 1	2 a Child tax credit/credit for other dependents 3 Subtract line 12 from line 11. If zero or less, enter -0-	. 13	51,35
It you checked 1	3 Subtract line 12 from line 11. It zero or less, enter -0-	14	1,17
	4 Other taxes. Attach Schedule 4 5 Total tax. Add lines 13 and 14	15	<u>52,53</u>
deduction,		16	43,77
,00 (100 000000)	Federal income tax withheld from Forths W-2 and 1666 Refundable credits: a EIC (see instr.) b Sch 8812	_	
	7. Refundable credits: a EIC (see rist.)		
	c Form 8863	17	43,77
			43,11
		19	
_		20a	
Refund	20a Amount of line 19 you want returned to you. It is a Type: Checking Savings		
pirect deposit?	b Routing furnities		
See instructions.		22	8,7
	The state of the s		
Amount You Owe	see instructions)		Form 1040
	23 Estimated tax perially (see instructions and the latest information.		• =

SCHEQULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040. Go to www.irs.gov/Form1040 for instructions and the latest information.

Sequence No.

Your social security number Name(s) shown on Form 1040 MICHAEL SHELLENBERGER & HELEN LEE 1-9b 1-9b Reserved Additional 10 Taxable refunds, credits, or offsets of state and local income taxes Income 11 Alimony received _____ 11 12 Business income or (loss). Attach Schedule C or C-EZ 13 13 Capital gain or (loss). Attach Schedule D if required, if not required, check here 14 14 Other gains or (losses). Attach Form 4797 15b 15a Reserved 16b 16a Reserved
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20b 20a Reserved 21 Other income. List type and amount Combine the amounts in the far right column. If you don't have any adjustments to 23,798 income, enter here and include on Form 1040, line 6. Otherwise, go to line 23 Adjustments Educator expenses to Income 24 Certain business expenses of reservists, performing artists, 24 and fee-basis government officials. Attach Form 2106 25 Health savings account deduction. Attach Form 8889 26 Moving expenses for members of the Armed Forces. 26 Attach Form 3903 Deductible part of elf-ell-p 27 696 , SIMPI Self-employed SE Self-employed health 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN 31a 32 IRA deduction 33 Student loan interest deduction 34 Reserved 34 Reserved Add lines 23 through 35 . 5,015

For Paperwork Reduction Act Notice, see your tax return instructions.

SCHEDULE 4 (Form 1040)		Other Taxes	,	OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		Attach to Form 1040. Go to www.irs.gov/Form1040 for instructions and the latest information	nn.	2018
Name(s) shown on Form	SHE	LLENBERGER & HELEN LEE	our social sec	
Other •	57	Self-employment tax. Attach Schedule SE	57	637
Taxes	58	Unreported social security and Medicare tax from: Form 4137 b 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, and other tax-favored		
		accounts. Attach Form 5329 if required	59	
	60a	Household employment taxes. Attach Schedule H	60a	
	b	Repayment of first-time homebuyer credit from Form 5405. Attach Form 5405 if		
1		required	60b	Andrew Arthur An
	61	Health care: individual responsibility (see instructions)	61	42.2
	62	Taxes from: a X 8959 b 8960		
44.2		c Instructions; enter code(s)	62	537
	63	Section 965 net tax liability installment from Form		
		965-A [63]		
	64	Add the amounts in the far right column. These are your total other taxes. Enter		1
		here and on Form 1040, line 14	64	1,174
Ear Department E	2	Iom And Modern and recognition for the Annual Control of the Annua	Cahe	dilla 4 (Earm 4040) 204

Underpayment of Estimated Tax by Individuals, Estates, and Trusts Go to www.irs.gov/Form2210 for instructions and the latest information.

Attach to Form 1040, 1040NR, 1040NR-EZ, or 1041.

OMB No. 1545-0074

Form 2210 (2018)

Department of the Treasury Internal Revenue Service Name(s) shown on tax return

Identifying number

MICHAEL SHELLENBERGER & HELEN LEE		***-**
Do You Have To I	File Form 2210?	
Complete lines 1 through 7 below. Is line 7 less than \$1,000?	Don't file Form 2210. You de	on't owe a penalty.
No		
Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?	You don't owe a penalty. Don (but if box E in Part II applies, Form 2210).	
No		-
You may owe a penalty. Does any box in Part II below apply?	You must file Form 2210. Doe apply?	es box B, C, or D in Part II
No	No	Yes You must figure your penalt
Don't file Form 2210. You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but don't file Form 2210.	You aren't required to figure you will figure it and send you a bill want to figure it, you may use F worksheet and enter your pena but file only page 1 of Form 2	for any unpaid amount. If you Part III or Part IV as a Ity amount on your tax return,
Rardia Required Annual Payner		
 Enter your 2018 tax after credits from Form 10 0 life 11 (see is uctions) Other taxes, including self-employment and it applicable, A downal Medinvestment Income Tax (see instructions) Refundable credits, including the premium tax credit (see instructions) Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop; you do Don't file Form 2210 Multiply line 4 by 90% (0.90) Withholding taxes. Don't include estimated tax payments (see instructions) Subtract line 6 from line 4. If less than \$1,000, stop; you don't owe a penalty. Maximum required annual payment based on prior year's tax (see instructions) Required annual payment. Enter the smaller of line 5 or line 8 Next: Is line 9 more than line 6? No. You don't owe a penalty. Don't file Form 2210 unless box E below or 	on't owe a penalty. 5 47,2 Don't file Form 2210	1 51,357 2 1,174 3 (4 52,531 78 6 43,770 7 8,761 8 74,610 9 47,278
Yes. You may owe a penalty, but don't file Form 2210 unless one or more If box B, C, or D applies, you must figure your penalty and file Form 2210 If box A or E applies (but not B, C, or D) file only page 1 of Form 2210. Y will figure it and send you a bill for any unpaid amount. If you want to figure worksheet and enter your penalty on your tax return, but file only page 1.	boxes in Part II below applies. O. You aren't required to figure your your penalty, you may use Part	III or IV as a
Reasons for Filing. Check applicable boxes. If none a You request a waiver (see instructions) of your entire penalty due to tax reand file page 1 of Form 2210, but you aren't required to figure your penalty. You request a waiver (see instructions) of part of your penalty. You must file 2210.	form or other reasons. You mus	t check this 80% WAIVER
Your income varied during the year and your penalty is reduced or eliminate installment method. You must figure the penalty using Schodule Al and figure	ed when figured using the annua	alized income
actually withheld, instead of in equal amounts on the payment due deter.	ld from your income as paid on	the dates it was file Form 2210
You filed or are filing a joint return for either 2017 or 2018, but not for both y above. You must file page 1 of Form 2210, but you aren't required to figure Paperwork Reduction Act Notice, see separate Instructions.	ears, and line 8 above is smaller your penalty (unless box B, C , o	than line 5 or D applies).

SCHEDULE A (Form 1040)

Itemized Deductions

OMB No. 1545-0074

Go to www.irs.gov/ScheduleA for instructions and the latest information.

Attach to Form 1040

ternal Revenue Service	Attach to Form 1040. Caution: If you are claiming a net qualified disaster loss on Form 4684, see	ee the instructions for line 16 sequence No. 07
ame(s) shown on	The state of the s	Tour social security frames.
MICHAEL	SURTIENBERGER & HELEN LEE	**
/ledical	Caution: Do not include expenses reimbursed or paid by others.	
ind	1 Medical and dental expenses (see instructions)	
Dental	2 Enter amount from Form 1040, line 7 2	
Expenses	3 Multiply line 2 by 7.5% (0.075)	
p-0000	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	
Taxes You	5 State and local taxes.	
Paid	a State and local income taxes or general sales taxes. You may	
	include either income taxes or general sales taxes on line 5a,	
	but not both. If you elect to include general sales taxes instead	24,727
	of income taxes, check this box	7,278
	h State and local real estate taxes (see instructions) 5b	1,210
	c State and local personal property taxes	32,005
	d Add lines 5a through 5c	32,003
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing	10,000
	separately)	10,000
	6 Other taxes. List type and amount	
	6	7 10,000
	7 Add lines 5e and 6	
Interest You	8. Home mortgage interest and points. If you didn't use all of your	
Paid	home mortgage loan(s) to buy, build, or improve your home,	
Caution: Your	see instructions and check this box	
mortgage interest	a Home mortgage interest and points reported to you on Form	1 2 2,665
deduction may be limited (see	1008	
instructions).	h Home mortgage internal of approved you of Pam 1098.	
	at the namen from whom you bought the name, see	
* *	instructions and show that person's name, identifying no., and	
	address	
₩ F		
	8b	
	e Points not reported to you on Form 1096. See illistractions to	53
	special rules	
***	d Rosenied	22,718
	Add times 8a through 8C	
	Attach Form 4952 if required. See	
	instructions	10 22,718
Oiffe to	44 Giffs by cash or check. If you made any gill of \$250 of more,	
Gifts to		
Charity	The business of the control of the c	
If you made a	instructions. You must attach Form 8283 if over \$888	
gift and got a benefit for it,	tlen woor	14
see instructions.	13 Carryover from prior year 14 Add lines 11 through 13	
Casualty a		
Theft Loss		
	instructions 16 Other—from list in instructions. List type and amount	
Other	16 Other—from list in institutional action	,
Itemized		16
Deductions	17 Add the amounts in the far right column for lines 4 through 16. Also, enter	this amount on
Total	17 Add the amounts in the lair right solution.	
	Form 1040, line 8	ndard (A) A A A A A A A A A A A A A A A A A A
Itemized	doductions aven including all the second	
Itemized Deductions	Form 1040, line 8 18 If you elect to itemize deductions even though they are less than your star deduction, check here ork Reduction Act Notice, see the Instructions for Form 1040.	Schedule A (Form 1040) 20

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

		tatell to Politi 1040,	1040NR, or 1041	; partnerships generally must file	Form 1065.	Sequence No. 09
_	MICHAEL SHELLENBE	RGER			Social security	number (SSN)
A _	Principal language profession ENVIRONMENTAL C	including product of	service (see inst	ructions)	B Enter cod	le from instructions
C	Business name. If no separate t	ONSOLITING Ousiness name leave	hlank		54	1990
_			Dialik,		D Employer	ID number (EIN) (see instr.)
E	Business address (including suite	e or room no.)				
F	City, town or post office, state, at Accounting method: (1)	nd ZIP code				,
G	Did you "materially participate in	X Cash (2)	Accrual (3)	Other (specify)		
Н	If you started or acquired this bu	the operation of this	business during	Other (specify) 2018? If "No," see instructions for lir	nit on losses	Yes No
1	Did you make any payments in 3	Siness during 2018,	check here	2018? If "No," see instructions for lir		
J	If "Yes," did you or will you file re	eoro inal would requ	re you to file Form	n(s) 1099? (see instructions)		Yes X No
	entile income	deliga i olilis 10991				Yes No
1	Gross receipts or sales. See instr	ructions for line 1 and	check the box if	this income was reported to you on	<u> </u>	
2		ployee" box on that f	orm was checked	this income was reported to you on		00 40 0
3		****************		·····		28,426
4	Subtract line 2 from line 1		• • • • • • • • • • • • • • • • • • • •		3	28,426
5	Gross weeks Out and					20,420
6	Other income including forces and at	n line 3			5	28,426
7	Gross Income. Add lines 5 and 6	alle gasoime ortuel tax (credit or refund (see i	instructions)	6	20/310
				our home only on line 30.	. 7	28,426
8		8	18	our nome only on line 30.		
9	Car and truck expenses (see		L 19	Office expense (see instructions) Pusion and profit-sharing plans		
	instructions)			Fent or le se see instructions):	19	
10	Commissions and fees	100 FT	JIIL a	Vehicles, machine and equipment	ant 30a	
11	Contract labor (see instructions)	11	b	Other business property	ent . 20a 20b	
12 13	Depletion	12	21	Repairs and maintenance	21	
13	Depreciation and section 179 expense deduction (not		22	Supplies (not included in Part III)	22	
	included in Part III) (see		23	Taxes and licenses	23	
14	instructions) Employee benefit programs	13	24	Travel and meals:		
•	(other than on line 19)	14	a	Travel	24a	
15	Insurance (other than health)	15	b	Deductible meals (see		
16	Interest (see instructions):		25	instructions) Utilities	24b	
а	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credits)	1 26 1	
b	Other	16b	•	(eds employment cledits)	26	
			27a	Other expenses (from line 48)	27a	
17	Legal and professional services	17	b			
28	Total expenses before expenses Tentative profit or (loss). Subtract I	for business use of I	ome. Add lines 8	through 27a	28	0
29 30	Tentative profit or (loss). Subtract I	ine 28 from line 7		***************************************	29	28,426
30	Expenses for business use of your unless using the simplified method	nome. Do not repor	t these expenses	elsewhere. Attach Form 8829		
	Simplified method filers only: en		ootage of (a)		.]	
	and (b) the part of your home used	for business				
****	Method Worksheet in the instruction		Use the S	a 30		
31	Net profit or (loss). Subtract line 3	30 from line 29.	* *	************************	30	4,628
	If a profit, enter on both Schedul Inc. 2. (If you shocked the boy on the second the boy on the second the boy on the second t	le 1 (Form 1040), ilr	e 12 (or Form 10	40NR. line 13) and on Schodule s		
	ine 2. (ii you checked the box on i	line 1, see instruction	s). Estates and tr	usts, enter on Form 1041, line 3	31	22 700
	• If a loss, you must go to line 32.					23,798
32	if you have a loss, check the box the	hat describes your in	vestment in this a	ctivity (see instructions).	-	
	 If you checked 32a, enter the loss 	s on both Schedule	1 (Form 1040), II	ne 12 (or Form 1040NR	32a	All investment is at risk.
	line 13) and on Schedule SE, line	2. (If you checked the	e box on line 1, s	see the line 31 instructions).	32b	Some investment is not
	Estates and trusts, enter on Form	-	e laan meet be "			at risk.
	 If you checked 32b, you must atta 	acıı FUIIII 6198. YOU	r loss may be lim	ited.		

Sche	dule SE (Form 1040) 2018	Attachment C	47		
Nam	e of person with self-employment income (as shown on Form 1040 or Fo	om 1040ND)	Sequence No. 17		Page 2
TAI	LCHAEL SHELLENBERGER	10-101(1)	Social security nur with self-employn	nber of person	
Sec	uon B — Long Schedule SE		war sen-employn	rent income	<u></u>
	inidia Seri-Employment—ax				
Note	e: If your only income subject to self-employment tax is church en	nployee income, s	ee instructions. Also	see instructions	for the
	ador or origion employee alcome.				ioi die
A	If you are a minister, member of a religious order, or Christian School S400 or more of other not coming forwards.	cience practitioner a	and you filed Form 4	361. but you	
	had \$400 or more or other net earnings from self-employment, c	heck here and cont	inua with Dart I		П
та	more than profit of (loss) from Schedule F, life 34, and fam party	iershins. Schedule I	<-1 (Form 1065)		
	box 14, code A. Note: Skip lines 1a and 1b if you use the farm of	optional method (sec	e instructions)	1a	
D	If you received social security retirement or disability benefits, en	nter the amount of (Conservation Reserv	e	
2	Program payments included on Schedule F, line 4b, or listed on	Schedule K-1 (Forn	n 1065), box 20, cod	e AH1b	
~	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line	3; Schedule K-1 (I	Form 1065),		
	box 14, code A (other than farming); and Schedule K-1 (Form 10	165-B), box 9, code	J1.		,
	Ministers and members of religious orders, see instructions for ty this line. See instructions for other income to report. Note: Skip t	pes of income to re	port on		
	optional method (see instructions)	inis line if you use ti	ne nontam		00 700
3	optional method (see instructions) Combine lines 1a, 1b, and 2			2	23,798 23,798
4a	Combine lines 1a, 1b, and 2 If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Ot	honideo enter amo	unt from line 2	3	23,798
	Note: If line 4a is less than \$400 due to Conservation Reserve F	onerwise, enter anno Omamm souments o	unt nom me a		21,311
b	If you elect one or both of the optional methods, enter the total of	f lines 15 and 17 he	on mie 10, see msuu va	db	
·c	Combine lines 4a and 4b. If less than \$400, stop; you don't owe	self-employment ta	×		
	Exception: If less than \$400 and you had church employee inc	come. enter -0- and	continue	4c	21,977
5a	Enter your church employee income from Form W-2. See				
	instructions for definition of church employee income	[5a		
	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-			5b	0
6	Add lines 4c and 5b	+ 0	~~·~·	6	21,977
7	Maximum amount of combined wages and sell ear ear	nings subject to soc	al security		
0-	tax or the 6.2% portion of the 7.65% ratios regime (i.e. 1)	x 2018	$\mathcal{L}_{\mathcal{L}}$	7	128,400
ъa	Total social security wages and tips (total of boxes 3 and 7 on				•
	Form(s) W-2) and railroad retirement (tier 1) compensation.		10		
ь	If \$128,400 or more, skip lines 8b through 10, and go to line 11. Unreported tips subject to social security tax (from Form 4137, line)		8a 12 8b	8,400	
C	Wages subject to social security tax (from Form 8919, line 10)		8c		
	Add lines 8a 8h and 8c			8d	•
9	Add lines 8a, 8b, and 8c Subtract line 8d from line 7. If zero or less, enter -0- here and on	line 10 and go to lin	ne 11	9	
	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)				-
11	Markette Comp. C. bar O 00/ (O 000)				
12	Self-employment tax. Add lines 10 and 11. Enter here and on S	chedule 4 (Form	1040). line	·····	037
	57, or Form 1040NR, line 55		•	12	637
13	Deduction for one-half of self-employment tax.		• • • • • • • • • • • • • • • • • • • •		
	Multiply line 12 by 50% (0.50). Enter the result here and on				
	Schedule 1 (Form 1040), line 27, or Form 1040NR, line 27		13	319	
	Optional Methods To Figure Net Earnings				
	Optional Method. You may use this method only if (a) your grown	ss farm income1 wa	asn't more		
	\$7,920, or (b) your net farm profits ² were less than \$5,717.		*		
	Maximum income for optional methods			14	5,280
15	Enter the smaller of: two-thirds (2/3) of gross farm income1 (not le	ess than zero) or \$	5,280. Also		7=33
	include this amount on line 4b above				
	optional Method. You may use this method only if (a) your				
	iso less than 72.189% of your gross nonfarm income, and (b) your			ent	
	east \$400 in 2 of the prior 3 years. Caution: You may use this m	eulou no more that	i live times.		
16	Subtract line 15 from line 14 Enter the smaller of: two-thirds (²/₃) of gross nonfarm income ⁴ (n		• • • • • • • • • • • • • • • • • • •	16	S ^A
		not less than zero) (or the	l	
	amount on line 16. Also include this amount on line 4b above				7
	Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.	From Sch. C, line	31; Sch. C-EZ, line 3	; Sch. K-1 (Form	1065), box 14, code
From	Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the	A; and Sch. K-1 (Form 1065-B), box 9,	code J1.	The same of the sa
amou	nt you would have entered on line 1b had you not used the optional	- From Scn. C, line	7; Sch. C-EZ, line 1; Form 1065-B), box 9,	Sch. K-1 (Form	1065), box 14, code
meth	DQ,	0, and 000. N° [1005-b), box 9,	wae 12,	

Additional Medicare Tax

if any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

OMB No. 1545-0074

Department of the Treasury Go to www.lrs.gov/Form8959 for instructions and the latest information. Name(s) shown on return MICHAEL SHELLENBERGER & HELEN LEE Partilla Additional Medicare Tax on Medicare Wages 1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 2 Unreported tips from Form 4137, line 6 3 Wages from Form 8919, line 6 287,623 4 Add lines 1 through 3
5 Enter the following amount for your filing status: 2 287,623 Married filing jointly \$250,000 Married filling separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000

	7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and Ratilla Additional Medicare Tax on Section 1.00 (0.009). Enter here and	37,623
	8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line of the section B. Its of the section B.	339
	Section A, line 4, or Section B, line 6. If you had a loss, enter	
	9 Enter the following amount (and a see instructions.)	
	WIND DIMIV	
	Single Head of the second state of the second	
10	Enter the amount from line 4 \$200,000 9 250,000	11
13	Additional Medicare Tax on self-own self-own and self-own	n de la companya de Companya de la companya de la compa

7	3 Additional Medicare Tax on self-employment income		<i>T</i>	<u> </u>	 Carrula je se se se se se se
200	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.00s)	9). En	ter	. 12	21,977
mis	Partill Additional Medicare Tay on D. II			- 1	
14	Railroad retirement (RRTA) compensation and tips from	ct (F	RRTA) Comme	13	198
	Form(s) W-2, box 14 (see instructions) Enter the following amount for your filing status:	T	Compensati	on	4.70
15	Enter the following amount for your filing status:	14			
•	Married filing jointly	·-			
	Married filing jointly Married filing separately Single, Head of household, or Qualifying widow(er) \$250,000	1			* 4 (4)
	Single, Head of household, or Qualifying widow(er) Subtract line 15 from line 14. If zero or less enter 0. \$200,000	١.			
10	Subtract line 15 from line 14 16 \$200,000	15	0.70		
17	Additional Medicare Tay on milroad actions and actions and actions and actions and actions and actions are actions and actions and actions are actions and actions and actions are actions are actions and actions are actions as actions are actions and actions are actions and actions are actions as actions are actions and actions are actions and actions are actions are actions and actions are actions and actions are actions are actions as actions are actions actions acti		250,000)	
	0.9% (0.009). Enter here and so to Deet it.	hv	*******************	16	^
	Total Additional Madia	•			<u> </u>
18	Add lines 7 13 and 17 Also in the first of the lines 7 13 and 17 Also in the first of the lines 7 13 and 17 Also in the lines of the li			17.	
	Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62	/1			
	box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Pearly	(cnec	K	1 2	

壨	8 Add lines 7 13 and 17 Alexandre Tax			-17	_
-1	8 Add lines 7 13 and 17 Alas in the second	17.	<u> </u>		
	8 Add lines 7, 13, and 17. Also include this amount on Schedule 4 (Form 1040), line 62 (check box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)				•
	box a) (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions), and go to Part V Withholding Reconciliation	- 0			•
19	9 Medicare tax withheld from Form W-2, box 6. If you have	18	Name of the second	537	
	more than one Form W-2, box 6. If you have				
	more than one Form W-2, enter the total of the amounts				
	IIOII DOX 0		14 . 34	1.3	

	more than are 5-weekers from W-2, box 6. If you have			
	more than one Form W-2, enter the total of the amounts	1	-	-
20	Enter the amount from line 1	19	1 .	
21	Multiply line 20 by 1.45% (0.0145). This is your moule	20	287	,171 ,623
	Medicare tax withholding on Medicare wages			023

	Modices 4	20	207	-	
	IVICUICATE TAX Withholding on Martin		287	,623	
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Twithholding on Medicare wages	, 1			
	withholding on Medicare wages		4	,171	
23					
	Additional Medicare Tax withholding on railroad retirement (DDTA)			P	

22	Subtract line 21 from line 19, If zero or less ontes 0	.		
	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medicare Tax 4,171			** .
23	Additional Medicare Tax withholding on milesed and			
	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	22		Λ.
24	Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount			<u>U</u>
	with federal income tax withholding on Form 4 Add lines 22 and 23. Also include this amount	23		

2	23 Additional Medicara Tayloria	are rax	***		
	Additional Medicare Tax Withholding on railroad refirement (PDTA)	alla:		*	
	23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation for W-2, box 14 (see instructions)	om Form	22	 ^	
2	4 Total Additional Medicare Tay withh at the	- in i only	I		•
	with federal income tax withholding on Form 1949 in the 22 and 23. Also include this	S amount	23		
	with federal income tax withholding on Form 1040, line 16 (Form 1040NR, 1040-PR,	Junouile			,
F	or Paperwork Reduction Act Notice, see your tax return instructions.	and	- 1		
D/	1040-SS filers, see instructions) or Paperwork Reduction Act Notice, see your tax return instructions.		4		

Net Investment Income Tax-Individuals, Estates, and Trusts

Attach to your tax return.

OMB No. 1545-2227

Go to www.irs.gov/Form8960 for instructions and the latest information. Department of the Treasury Internal Revenue Service (99) Your social security-number or EIN Name(s) shown of your-tax roll & HELEN LEE MICHAEL SHELLENBERGER Section 6013(g) election (see instructions) Investment Income Section 6013(h) election (see instructions) Regulations section 1.1411-10(g) election (see instructions) Taxable interest (see instructions) Ordinary dividends (see instructions) Annuities (see instructions) Rental real estate, royalties, partnerships, S corporations, trusts, etc. (see instructions) Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions) c Combine lines 4a and 4b 5a Net gain or loss from disposition of property (see instructions) b Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions) c Adjustment from disposition of partnership interest or S corporation stock (see instructions) d Combine lines 5a through 5c Adjustments to investment income for certain CFCs and PFICs (see instructions) Other modifications to investment income (see instructions) Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7 Investment Expenses Allocable to Investment Income and Modifications 9a Investment interest expenses (see in truction b State, local, and foreign income tax see instr c Miscellaneous investment expenses (9d d Add lines 9a, 9b, and 9c 10 10 Additional modifications (see instructions) 11 11 Total deductions and modifications. Add lines 9d and 10 12 Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals complete lines Tax Computation 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-13 Modified adjusted gross income (see instructions) 250,000 14 Threshold based on filling status (see instructions) 48,049 15 Subtract line 14 from line 13. If zero or less, enter -0-15 16 Enter the smaller of line 12 or line 15 17 Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and Include on your tax return (see instructions) Estates and Trusts: 18a Net investment income (line 12 above) b Deductions for distributions of net investment income and 18b deductions under section 642(c) (see instructions) c Undistributed net investment income. Subtract line 18b from 18a (see instructions). If zero or less, enter -0-19a Adjusted gross income (see instructions) b Highest tax bracket for estates and trusts for the year (see c Subtract line 19b from line 19a. If zero or less, enter -0-20 Enter the smaller of line 18c or line 19c 21 Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)...

Department of the Treasury Internal Revenue Service

Name(s) of proprietor(s)

Expenses for Business Use of Your Home

File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.

Go to www.lrs.gov/Form8829 for instructions and the latest information.

OMB No. 1545-0074

Form 8829 (2018)

MICHAEL SHELLENBERGER Partition Partiof Your Home Used for Business ocial security number 1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions) 2 Total area of home 3 Divide line 1 by line 2. Enter the result as a percentage 160 For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7. 1800 4 Multiply days used for daycare during year by hours used per day _______4 8.89% 5 Total hours available for use during the year (365 days x 24 hours) (see instructions) 5 6 Divide line 4 by line 5. Enter the result as a decimal amount 7 Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by 8,760 hr. line 3 (enter the result as a percentage). All others, enter the amount from line 3... Figure Your Allowable Deduction 8 Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any 8.89% See Instructions for columns (a) and (b) before 9 Casualty losses (see instructions) (a) Direct expenses 28,426 10 Deductible mortgage interest (see instructions) (b) Indirect expenses 11 Real estate taxes (see instructions) 10 12 Add lines 9, 10, and 11 24,877 11 13 Multiply line 12, column (b), by line 7 12 14 Add line 12, column (a), and line 13 24,877 15 Subtract line 14 from line 8. If zero or less, enter -0-2,212 16 Excess mortgage interest (see instructions) 14 17 Excess real estate taxes (see instructions) 15 18 Insurance 19 Rent 20 Repairs and maintenance 19 198 21 Utilities 22 Other expenses (see instructions) 22 23 Add lines 16 through 22 _______23 3,372 24 Multiply line 23, column (b), by line 7 710 25 Carryover of prior year operating expenses (see instructions) 25 4,570 26 Add line 23, column (a), line 24, and line 25 406 27 Allowable operating expenses. Enter the smaller of line 15 or line 26 28 Limit on excess casualty losses and depreciation. Subtract line 27 from line 15 29 Excess casualty losses (see instructions) 1,116 30 Depreciation of your home from line 42 below
31 Carryover of prior year excess casualty losses and depreciation (see 1,116 25,098 instructions)

32 Add lines 29 through 31

33 Add lines 29 through 31 33 Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32 34 Add lines 14, 27, and 33 35 Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 (see instructions) 32 <u>, 30</u>0 33 36 Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here ,300 and on Schedule C, line 30. If your home was used for more than one business, see instructions 4,628 Partill Depreciation of Your Home 35 37 Enter the smaller of your home's adjusted basis or its fair market value (see instructions) 36 38 Value of land included on line 37 <u>4,628</u> 39 Basis of building. Subtract line 38 from line 37 40 Business basis of building. Multiply line 39 by line 7 37 570,500 38 41 Depreciation percentage (see instructions)
42 Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above 39 570,500 40 Carryover of Unallowed Expenses to 2019 50,717 41 43 Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-2.5640% 42 44 Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-1,300 For Paperwork Reduction Act Notice, see your tax return instructions. 43 0

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MICHAEL			SHELLEN	BERGER					
a joint return, spot	use's first i	name and initial	Last name	-5.4		\$: 5		Spouse's so	clal security number
HELEN			LEE					Presidential	Election Campaign
ome address (num	ber and s	treet). If you have a	P.O. box, see instruct	tions.			Apt. no.	. [payer Spouse
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ty, town or post of	nice, state	, and ZIP Code.					t i ja karasina	S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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C Dependents:			Last name	(2) Social security number	(3) Relati	onship to you	Child tax credit		nts If more than four
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ross	b 10 11 12 13 14 15a 16a 17 18 19 20a 21 22 23 24 25 26 27 28 29 30	Qualified divideration of the property of the	dends des, credits, or of ived ome or (loss). Att s). Attach Schedule D or (losses). Attach ons d annuities state, royalties, p or (loss). Attach nt compensation benefits e. List type and a amounts in the f penses dess expenses of remment officials gs account deducenses. Attach For art of self-employ d SEP, SIMPLE, d health Insuran arty withdrawal o	fisets of state and local in ach Schedule C or C-EZ required if not required, check in Form 4797 15a 16a Partnerships, S corporation Schedule F 20a Immount ar right column for lines are deduction are deduction if savings	b Tons, trusts, etc. 7 through 21. artists, and 2106-EZ	axable amaxable amaxa	ount ount chedule E nount	10 11 12 13 14 15b 16b 17 18 19 20b 21 22	
djusted ross acome chedule 1)	b 10 11 12 13 14 15a 16a 17 18 19 20a 21 22 23 24 25 26 27 28 29 30 31a	Qualified divideration of the part of the	dends dends, credits, or of ived ome or (loss). Att s) Attach Schedule D or (losses). Attach ons d annuities state, royalties, p or (loss). Attach nt compensation benefits c. List type and a amounts in the f benses ess expenses of remment officials gs account deducenses. Attach For art of self-employ d SEP, SIMPLE, d health insuran arly withdrawal of b Recipient's	fisets of state and local in ach Schedule C or C-EZ frequired if not required, check in Form 4797 15a 16a Partnerships, S corporation Schedule F 20a Immount ar right column for lines Attach Form 2106 or 2 ction. Attach Form 8889 m 3903 Immount tax. Attach Schedule and qualified plans ce deduction if savings SSN	b Tons, trusts, etc. 7 through 21. artists, and 2106-EZ	axable amaxable amaxa	ount ount chedule E count critotal income	10 11 12 13 14 15b 16b 17 18 19 20b 21 22	
ross	b 10 11 12 13 14 15a 16a 17 18 19 20a 21 22 23 24 25 26 27 28 29 30 31a 32	Qualified divideration of the complete part of the	dends dends, credits, or of ived ome or (loss). Attach s). Attach Schedule D or (losses). Attach ons d annuities state, royalties, p or (loss). Attach nt compensation benefits e. List type and a amounts in the f benses dess expenses of remment officials gs account deduce nses. Attach For art of self-employ d SEP, SIMPLE, d health insuran arly withdrawal of b Recipient's on	fisets of state and local in ach Schedule C or C-EZ irequired if not required, check in Form 4797 15a 16a partnerships, S corporation Schedule F 20a mount ar right column for lines fireservists, performing a cition. Attach Form 2106 or 2 cition. Attach Form 8889 m 3903 rment tax. Attach Schedular and qualified plans ce deduction if savings SSN	b Tons, trusts, etc. b Tons, trusts, etc. 7 through 21. artists, and 2106-EZ	axable amaxable amaxa	ount ount chedule E nount	10 11 12 13 14 15b 16b 17 18 19 20b 21 22	
ross .	b 10 11 12 13 14 15a 16a 17 18 19 20a 21 22 23 24 25 26 27 28 29 30 31a 32 33	Qualified divideration of the control of the contro	dends des, credits, or of ived ome or (loss). Attach s). Attach Schedule D or (losses). Attach ons d annuities state, royalties, p or (loss). Attach nt compensation benefits e. List type and a amounts in the f penses dess expenses of remment officials gs account deduction art of self-employ d SEP, SIMPLE, d health Insuran arly withdrawal of interest deduction interest deduction	fisets of state and local in ach Schedule C or C-EZ frequired if not required, check in Form 4797 15a	b Tons, trusts, etc. b Tons, trusts, etc. 7 through 21. artists, and 2106-EZ	axable amaxable amaxa	ount ount chedule E count critotal income	10 11 12 13 14 15b 16b 17 18 19 20b 21 22	
ross	b 10 11 12 13 14 15a 16a 17 18 19 20a 21 22 23 24 25 26 27 28 29 30 31a 32 33 34	Qualified divideration of the company of the compan	dends des, credits, or of ived ome or (loss). Att s) Attach Schedule D or (losses). Attach ons d annuities state, royalties, p or (loss). Attach nt compensation benefits e. List type and a amounts in the f penses dess expenses of remment officials gs account deduce nses. Attach For art of self-employ d SEP, SIMPLE, d health insuran arly withdrawal of interest deduction interest deduction	fisets of state and local in ach Schedule C or C-EZ irequired if not required, check in Form 4797 15a 16a partnerships, S corporation Schedule F 20a mount ar right column for lines are right column for lines ar	b Tons, trusts, etc. 7 through 21. artists, and 2106-EZ	axable amaxable amaxa	ount ount chedule E count critotal income	10 11 12 13 14 15b 16b 17 18 19 20b 21 22	
ross	b 10 11 12 13 14 15a 16a 17 18 19 20a 21 22 23 24 25 26 27 28 29 30 31a 32 33	Qualified divideration of the control of the contro	dends des, credits, or of ived ome or (loss). Attach s). Attach Schedule D or (losses). Attach ons d annuities state, royalties, p or (loss). Attach nt compensation benefits e. List type and a amounts in the f benses dess expenses of remment officials gs account deduce nses. Attach For art of self-employ d SEP, SIMPLE, d health Insuran arly withdrawal of interest deduction interest deduction	fisets of state and local in ach Schedule C or C-EZ frequired if not required, check in Form 4797 15a	b Tons, trusts, etc. b Tons, trusts, etc. 7 through 21. artists, and 2106-EZ	axable amaxable amaxa	ount ount chedule E count cr total income	10 11 12 13 14 15b 16b 17 18 19 20b 21 22	

Form 1	040	Form 1040 Reconciliation Worksheet, Page 2		(£(8)1(\$)
Name	TOT A		Taynaver	r Identification Number
MCRA	<u> </u>	SHELLENBERGER & HELEN LEE	Taxpayer	Identification Number
Tax and	38 39a	Amount from line 37 (adjusted gross income)	. 38	298,049
Credits	osa	J Journal Deloie January 2,1954. Blind. 1 Total house	2	
(Schedules 2, 3)		Spouse was born before January 2,1954. Blind. Checked 39a	400	
Standard Deduction	40	Itemized deductions (from School to A)		
for—		Itemized deductions (from Schedule A) or your standard deduction (see left margin)	. 40	32,718
People who check any	42	Qualified business income deduction (see left margin)	. 41	265,331
box on line	43	Qualified business income deduction (see instructions) Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- Tax (see instr.) Check if any from a Form a	42	3,757
39a or 39b or who can be	44			261,574
daimed as a dependent,	45	Atternative minimum tax (see instructions). Attach Form 6251		51,357
see instructions,	46	Excess advance premium tax credit renavment. Attach Form 8063	46	
All others:	47	Add lines 44, 45, and 46 Foreign tax credit. Attach Form 1116 if required Credit for child and dependent carp expenses. Attach Formation 1116 if required	. 47	51,357
Single or Married filing	48	Foreign tax credit. Attach Form 1116 if required 48	71	<u> </u>
separately, \$12,000	49	and dependent care expenses. Affacts Form 7441 1 Ad 1		•
Married filing	50	Education credits from Form 8863, line 19		
jointly or Qualifying	51	Retirement savings contributions credit. Attach Form 8880 51		
widow(er), \$24,000	52	Child tax credit/credit for other dependents 52		
Head of	53 54	Residential energy credits. Attach Form 5695		
household, \$18,000	54	Other credits from Forma 3800 b 8801 c 54		
	55 56	Add lines 48 through 54. These are your total credits	55	41
Other Taxes	57	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- Self-employment tax. Attach Schedule SE	56	51,357
(Schedule 4)	58		57	637
•	59	Unreported social security and Medicare tax from Forms 4137 b 8919 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	58	
	60a	Household employment taxes from Schedule H		
	b	First-time homebuye credit r pay A act F rm 540s if required	60a	
	61	Health care: individual ponsil lit (see instructions) Full- coverage	. 60b	
	62	Taxes from: a X Form 8969 b Form 8960 C Instructions; enter code(s)	61	537
	63	Section 965 net tax liability installment from Form 965-A 63	- 02	
	64	Add lines 56 through 62. This is your total tax	64	52,531
	65	Federal income tax withheld from Forms W-2 and 1099 65 43,77		02,001
Payments	66	2018 estimated tax payments and amount applied from 2017 return 66		
(Schedule 5)	67a	Earned income credit (EIC) 67a		
	b	Nontaxable combat pay election 67b		* *
	68	Additional child tax credit. Attach Schedule 8812 68		*
	69	American opportunity credit from Form 8863, line 8		
	70	Net premium tax credit. Attach Form 8962 70		
	71	Amount paid with request for extension to file 71		
	72	Excess social security and tier 1 RRTA tax withheld 72	- 33	
	73	Credits from Forma 2439 b Reserved c 6885 d 74	— [編纂]	
	74	Add Ines 65, 66, 67a, and 68 through 74. These are your total payments		40 550
	75 76	If line 75 is more than line 64, subtract line 64 from line 75. This is the amount you overpaid	75	43,770
Refund	70 77a	Amount of line 76 you want refunded to you. If Form 8888 is attached, check here	77a	
	b	Routing number c Type: Checking Savings	7	
	d	Account number		
	78	Amount of line 76 you want applied to your 2019 estimated tax 78		
Amount	79	Amount you owe. Subtract line 75 from line 64. For details on how to pay, see instructions	79	8,761
You Owe	80	Estimated tax penalty (see instructions) 80		
Interest	Date F	Return filed Late filing Interest (INT) Failure to file	Failure to	pay
Penalties			Total	
Third Party	X Pa	id Preparer is 3rd Party Designee, Third Party Designee information not required		()
Designee	Do you	a transit of the contract of t	mplete belo	<u>ow.</u> ∐ No
(Schedule 6)	Designee		<u> </u>	
	name	Phone no. Paydime phone number Taxpayer: Occupation BUSINESS OWNER/MANAGER IF	RS Identity Pro	viaction: DIN
Other info	Taxpayer	Daytime phone number Taxpayer: Occupation BUSINESS UWNER/MANAGER IF Spouse: Occupation SENIOR RESEARCH ASSOCIATE	S Identity Pro	ntection PIN

80% Waiver Relief of Underpayment Penalty Worksheet

2018.

Name



Taxpayer Identification Number

MICHAEL SHELLENBERGER & HELEN LEE

line 9 of Form 2210, Part I, ignoring the 80% Waiver.

Complete Part I of Form 2210. If you checked "Yes" on box 9, complete the worksheet below to see if you qualify for the 80% Waiver relief.

1.	Enter the amount from Form 2210, Part I, line 4	1	52,5	31
	Multiply line 1 by 80%	2.	42,0	25
3.	Enter withholding taxes from Form 2210, Part I, line 6	3	43,7	70
	Enter the amount of your 2018 estimated tax payments made on or before January 15, 2019	4		
	Add lines 3 and 4 above	5	43,7	770
6.	Is line 5 above greater than or equal to the amount on line 2 above?			
	Yes. You qualify for the 80% Waiver relief. Check Box A in Part II of Form 2210, write "80% Waiver"			
	next to Box A, and file page 1 of Form 2210 with your return.			
	No. STOP. You do not qualify for the 80% Waiver relief. Follow the instructions for the "Yes" box on			

General Sales Tax Deduction Worksheet



<u></u>				
	as shown on return CHAEL SHELLENBERGER & HELEN LEE		Taxpayer Ide	ntification Number
State	of LIFORNIA	Locality of	•	
<u></u>				
		s Tax from IRS Tables		
1.	Enter the amount of adjusted gross income (AGI) from Form 1040	, Line 7	1	298,049
2.	Add the nontaxable amounts from Form 1040, lines 2b, 4a, 5a (Exc	clude rollovers and tax-free Sec. 1035 exchanges)	2.	
3.	Add the following nontaxable items: nontaxable combat pay, publications are according to the combat pay.	ic assistance, veteran's benefits, and w	orkers' compensati	on.
	Also include any amounts which increase spendable income, such			
4	received in 2018		3	000 010
5.	Add lines 1 through 3, this is income for general sales tax table pu	ırposes	4	
	Enter the amount from the sales tax table in the Schedule A instru- Part-year residents, complete lines 6 - 8; Full-year residents	Icuons.	5	1,776
	and enter the amount from line 5 on line 9	skip lines 6 - 8		
6.	Enter the number of days of residence in state	6	, e	
7.	Total days in year	7	365	
8.	Divide line 6 by line 7 (rounded to at least 3 decimal places)			
9.	Multiply line 5 by line 8, this is the deductible general sales tax usi	ing the IRS table.	9.	1,776
	Local Sales 7	Tax Using IRS Tables		
10.	Enter the amount from the sales tax table in the Schedule A instru	uctions.	10.	
	If you are a resident of Alaska, Arizona, Arkansas, Colorado, Geo			;
	Missouri, New York, North Carolina, South Carolina, Tennessee I	Jtah, or √irgin a, enter		
	the amount from the applicable Opt nal-Local sales 1x Table h	the Sciedule A instructions	11	•
12.	Enter the local general sales tax rate (exclude statewide local sales	es tax rate) 12		
13.	Enter the state general sales tax rate (include statewide local sale	s tax rate) 13.	-	
14.	Divide line 12 by line 13 (rounded to at least 3 decimal places)	14.		
15.	If you entered an amount on line 11, multiply line 11 by line 12. To			,
	using the optional local sales tax tables.			
	Part-year residents, complete lines 16 - 18; Full-year residen	its skip lines 16 - 18		
	and enter the amount from line 15 on line 19			
	If you did not enter an amount on line 11, multiply line 10 by line 1	4. This is the local sales tax	15	
	using the optional state and certain local sales tax tables.			
	Part-year residents, complete lines 16 - 18; Full-year residen	ts skip lines 16 - 18		
	and enter the amount from line 15 on line 19	4.		
16.	Enter the number of days of residence in locality			
17.	Total days in year Divide line 16 by line 17 (rounded to at least 3 decimal places)	18.	365	
18.	Multiply line 15 by line 18. This is the deductible general local sale	es tax using the IRS tables		
19.	indulply line 15 by line 16. This is the deducable general recall can	to the doing the intermediate.	19.	
	General Sal	es Tax Summary		
20.	Enter the sum of line 9 from all General Sales Tax Deduction Wor	ksheets	20.	1,776
21.	Enter the sum of line 19 from all General Sales Tax Deduction We	orksheets	21.	
	Add lines 20 and 21, this is the total General Sales taxes using the	e tables	22.	1,776
23.	Enter the actual state and local general sales taxes paid			
24.	Enter the greater of line 22 or line 23		24,	1,776
25.	Enter the state and local taxes paid on specified items (major pure			
	Add lines 24 and 25, this is the deductible General Sales tax			
	Enter total state and local income taxes paid			24,727
E	inter the greater of line 26 or 27 on Schedule A, line 5a. If line 26 is	greater, mark the Schedule A, line 5a	box.	

Form **8829** Home Office - Excess Real Estate Taxes Worksheet Name Taxpayer Identification Number MICHAEL SHELLENBERGER & HELEN LEE ENVIRONMENTAL Description CONSULTING Form/Schedule C Unit number **Real Estate Taxes** Enter your state and local income taxes (or general sales tax) that are personal expenses Enter all your state and local real estate taxes you paid on the home in which you conducted business 3. Enter any other state and local real estate taxes you paid that are a personal expense and not included in line 2 3. Enter your state and local personal property taxes that are a personal expense 4. 4. Add lines 1 through 4. 5. 5. Multiply line 2 by the business percentage on Form 8829, line 7 (8829 Wrk, line 3) 710 6. 278 7. Subtract line 6 from line 2 7. Subtract line 6 from line 5 8. Subtract line 8 from \$10,000 (\$5,000 if married filling separately). If zero or less, enter -0-...... 9. 9. Real estate taxes Enter the smaller of line 6 or line 9 here and on column (a) of Form 8829, line 11 (8829 Wrk, line 7) Excess real estate taxes. Subtract line 10 from line 6. Enter on column (a) Form 8829, line 17 (8829 Wrk, line 15)11.

Form 1040 Keogh/SEP/SIMPLE Worksheet 2(0)(1:3) Name of person with self-employment income (as shown on Form 1040) SHELLENBERGER Taxpayer Identification Number ENVIRONMENTAL Description CONSULTING Form/Schedule C Unit number Plan Type Keogh, 401(K) and SEP Plan Contribution Worksheet Self-Employed Person's Rate Worksheet 1. Plan contribution rate as a decimal (for example, 15% would be 0.15) 2. Rate in line 1 plus 1 (for example, 0.15 plus 1 would be 1.15) 3. Self-employed rate as a decimal (divide line 1 by line 2) 2500 2500 200000 Self-Employed Person's Deduction Worksheet Enter your net profit from Sch C, line 31; Sch C-EZ, line 3; Sch F, line 34; or Sch K-1, box 14, Code A* Step 1 Less amount of expenses subtracted from box 14, Code A to determine the amount on line 1 or line 2 of Schedule SE <u>23</u>,798 Enter your deduction for self-employment tax from Schedule 1 (Form 1040), line 27 Step 2 Net earnings from self-employment. Subtract step 2 from step 1 Step 3 2. Enter the self-employed rate shown on line 3 above Step 4 3. Multiply Step 3 by Step 4 Step 5 200000 Multiply \$275,000 by your plan contribution rate from line 1 above 5. <u>4,696</u> Enter the amount contributed to the retirement plan Step 7 68,750 6. Enter the smaller of step 5, step 6, or step 7 Step 8 7. <u>68,750</u> Step 9 8. ,696 If you made elective deferm is to 55,000 Otherwise, skip steps 10 through: smaller of step 8 or step 9 on Step 10 Enter your allowable elective deferrals (including designated Roth contributions) made to your self-employed plan during 2018. Don't enter more than \$18,500 Step 11 Subtract step 10 from step 9 10. Step 12 Subtract step 10 from step 3 Step 13 Enter one-half of step 12 12. Step 14 Enter the smallest of steps 8, 11, or 13 13. Step 15 Subtract step 14 from step 3 14. Step 16 Enter the smaller of step 10 or step 15 15. Otherwise, skip steps 17 through 19 and go to step 20. Step 17 Subtract step 16 from step 15 Step 18 Enter your catch-up contributions (including designated Roth contributions), if any. Don't enter more than \$6,000s. Step 19 Enter the smaller of step 17 or step 18 Step 20 Add steps 14, 16, and 19. 19. Step 21 Enter the amount of designated Roth contributions included on lines 10 and 18 20. 4,696 Step 22 Subtract step 21 from step 20. This is your maximum deductible contribution Enter this amount on Schedule 1 (Form 1040), line 28 <u>4,696</u> SIMPLE Plan Contribution Worksheet 1. Enter your net earnings from self-employment Enter the SIMPLE plan contribution amount. Do not enter more than \$12,500 Enter the smaller of line 1 or line 2 3. Enter the SIMPLE employer matching contributions 5. Enter the smaller of line 3 or line 4 6. Enter your catch-up contributions (if any). Do not enter more than \$3,000 7. Enter your employer matching catch-up contributions. 8. Add lines 3, 5, 6 and 7. This is your SIMPLE plan maximum deductible contribution Enter this amount on Schedule 1 (Form 1040), line 28

Form 104	0 Keogh/401	(K)/SEP/SIMPLE Co	ntribution	Reconciliation	Worksh	et. 2013	
Name of person MICHAEL		ome (as shown on Form 1040)			Тахрауег	Identification Nu	mber
	ENVIRONMENTAL			Form/Schedule	<u>C</u>	Unit number	1_
Plan Type	SEP						lomot
Keogh	, 401(K), Profit-Shar	ing, Defined Benefit, Mo	ney Purchas	se Plan Contributio	on Recond	ciliation Wor	Keuser
 Enter the at Enter the at Remaining If the at 	mount of your contribution mount of contributions alre balance of contributions amount on line 3 is greater	deduction from line 22 of the Ke ady made to the plan s to be made or (excess contr than zero, this is your remaining an zero, this is your excess contr	eogh, 401(K) and ibutions). Subto balance of con	d SEP Plan Contribution	Workshedt		0
2. Enter the a 3. Remaining • If the	amount of your contribution amount of contributions ain g balance of contribution amount on line 3 is greate	eP, SARSEP Plan Contract deduction from line 22 of the K leady made to the plan less to be made or (excess contract r than zero, this is your remaining an zero, this is your excess contract the series of the seri	eogh, 401(K) an ributions). Sub g balance of cor	d SEP Plan Contribution	Workshedt 2. 3.	4	,696 0 1,696
		Client		hiaro Oronshee	t		
2. Enter the 3. Remainin If the	amount of salary reduction og balance of salary reduction e amount on line 3 is great made to the plan	contribution deduction from lines 3 and contributions already made to to action contributions to be made or than zero, this is your remaining	d 6 of the SIMPLE the plan	Plan Contribution Workshe ontributions). Subtract li alary reduction contributi	ne 2 from line:		0
 Enter the Enter the Remaining If the 	e amount of your matching e amount of matching contr ng balance of matching e amount on line 6 is grea	than zero, this is your excess sall contribution deduction from lines ibutions already made to the place contributions to be made or (contributions to be made or (contributions), this is your remains than zero, this is your excess made or (contributions).	excess contributing balance of r	utions). Subtract line 5 matching contributions	ion vvorkshe	6	C

Qualified Business Income Deduction (QBID) Simplified Worksheet



Name

& HELEN LEE

Taxpayer Identification Number

Use this worksheet if you:

- Have Qualified Business Income (QBI), REIT dividends, or PTP income
- are not a patron in a specified agricultural or horticultural cooperative
- have taxable income before deduction of \$157,500 or less (\$315,000 married filing jointly)

or less (\$315,000 married filing jointly)		
1. Qualified business income or (loss) from:		
Scriednie C		
Rental properties	1	18.783
Total Tood - Falm Rentale		
Form 1065 Schedule K-1 (Partnership) and Form 1120S Sebadule VA 69		
Form 1065 Schedule K-1 (Partnership) and Form 1120S Schedule K1 (S corporation) Form 1041 Schedule K-1 and other sources 2. Total qualified business.		
2. Total qualified business income or floor		
2. Total qualified business income or (loss). Add the amounts from line 1 3. Qualified business loss carryforward from the prior year. Enter as a negative number.	2.	18,783
3. Qualified business loss carryforward from the prior year. Enter as a negative number. 4. Total qualified business income. Combine lines 2 and 3. If zero or less enter 0.	3	20,763
4. Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0- 5. Qualified business income component. Multiply line 4 by 20% (0.20)	d.	18,783
5. Qualified business income component. Multiply line 4 by 20% (0.20) 6a. Qualified real estate investment trust dividends		3,757
6a. Qualified real estate investment trust dividends 6b. Qualified publicly traded partnership income or (loss)		
Consider the surface of the sur	oa,	
7. Qualified REIT and PTP loss carryforward from the prior year. Enter as a negative number. 8. Total qualified REIT and PTP income. Add lines 6 and 7. If your palents.	50	
O DEIT and press enter /L	_	
9. REIT and PTP component. Multiply line 8 by 20% (.20).	8	
10. Qualified business income deduction being the income limitation, Add Mes Acad o	9	
10. Qualified business income deduction before the income limitation. Add tries Stand 9. 11. Taxable income before qualified business if correct building (Form 104). Line 7 (ess.) if e.8. 12. Net capital gain (see instructions)	10	
12. Net capital gain (see instructions) 13. Subtract line 12 from line 11. If less they are:	11	265,331
13. Subtract line 12 from line 11. If less than zero, enter .0.	12	
12. Net capital gain (see instructions) 13. Subtract line 12 from line 11. If less than zero, enter -0 14. Income limit. Multiply line 13 by 20% (20)	13	265,331
15. Qualified business income deduction. Enter the smaller of Line 10 or Line 14. Enter qualified business income deduction on Form 1040, line 9 or Form 1040 Inc.	14	53,066
Enter qualified business income deduction on Form 1040, line 9 or Form 1040NR, line 38	15	3,757
. 1040, line 38		
16. Total qualified business loss com/mused, Add lines 2 and 0 to		3
16. Total qualified business loss carryforward. Add lines 2 and 3. If more than zero, enter -0-	16	
17. Total qualified REIT income and PTP loss carryforward. Add lines 6 and 7. If more than zero, enter -0-	17.	

	Chedule C Qualified Business Income Calculation Worksh	eet		2018
Name M I	CHAEL SHELLENBERGER & HELEN LEE	Taxpay	er Identifi	cation Number
	Principle business of profession			
E	NVIRONMENTAL CONSULTING	Form/S	chedule	Unit
				11
1.	Schedule C, Line 31, Net profit or (loss)	[1	.	23,798
	Additions for qualified business income:			
2.	Form 4797, Ordinary income			*
	Form 4797, Ordinary income Prior to TCJA suspended losses allowed:			
3.		100		
4.	Passive suspended losses At-Risk suspended losses	يا	3.	
5.	Section 179 carryover plus excess farm loss	4	i.	****
6.	Section 179 carryover plus excess farm loss Total additions to net profit or (loss). Add lines 2 through 5.	····· - <u>'</u>	<u>. </u>	
	to not prome or (1000). And lines 2 tillough 5.	<u> </u>	.	
	Subtractions for qualified business income			
7.	Form 4797, Ordinary loss (includes share of Net section 1231 losses)			
8.	Deductible portion of self-employment taxes			210
9.	Deductible portion of self-employment taxes Self-employed SEP, SIMPLE, and qualified place	-3	<u> </u>	319
10.	Self-employed SEP, SIMPLE, and qualified plans Self-employed health insurance deduction	····-	0.	4,696
11.	Self-employed health insurance deduction Passive suspended to next year		1.	
12.	Passive suspended to next year At-Risk suspended to next year	·····	2.	
13.	At-Risk suspended to next year Total subtraction to net profit or (loss). Add lines 7 through 12.	····-	3.	5,015
	The first plant of (1009). Add lines / linough 12.		J.	3,013
14.	Qualified business income for this activity, line 1 plus line 6 less line 13.		14.	18,78
	rryovers: Pre -TCJ.	4 . ' ' '	1	Post-TCJA
	ssive activity:			
	Operating			
	Form 4797, Part II			
	Section 1231 loss			
	Risk:			
1	Operating	~		
	Form 4797, Part II			
	Section 1231 loss		× 40	
, i	Section 179			
	Section 179 - COGS		-	
	her:			
	Section 179			

Net Earnings from Self-Employment Worksheet

2048

Name

Name		Taxpayer Identification Number
MICHAEL SHELLENBERGER & HELEN LEE	, ·	
MICHAEL SHELLENBERGER & HELEN LEE		
	Taxpayer	Spouse
Farm profit or (loss)	· unpuyor	Opouse
Schedulo E		
Farm Partnerships - Schedule K-1, box 14, code A Auto expense from farm partnerships		
Auto expense from farm partnerships	<u></u>	_(
Amortization from farm partnerships Depreciation & Section 179 from farm partnerships Depletion from farm partnerships	<u> </u>	(
Depletion from farm partnerships	<u> </u>	· (
Depletion from farm partnerships Other expenses from farm partnerships	<u> </u>	()
Other expenses from farm partnerships Home office expenses from farm partnerships Unreimbursed partnership expenses from farm		~ }
Unreimbursed partnership expenses from farm partnerships	<u> </u>	-{ }
Debt financed acquisition interest from farm partnerships		-{
Farm adjustment to SE Income	<u> </u>	<i>J</i>
Farm adjustment to SE Income Net farm profit or (loss) - Schedule SE line 1a		
	. 0	
Conservation Reserve Program payments to social security/disability benefit recipien	its o	
included on Sch F, in 4b or listed on Sch K-1 (Form 1065), box 20, code AH- Sch SE list	ne 1b 0	<u> </u>
Nonfarm profit or (loss)		
Schedule C (excluding minister Schedule C Income reported below)	23,798	
Nonfarm partnerships - Schedule K-1, box 14, code A	23,190	
Auto expense from nonfarm partnersh os	1	7 7
Amortization from nonfarm partnerships	301/	{ }
Amortization from nonfarm partnerships Depreciation & section 179 from nonfar partner hip	}\ \ \ 	\ \
Depletion from nonfarm partnerships	7 	{ }
Other expenses from nonfarm partnerships) (
Home office expenses from nonfarm partnerships		1
Unreimbursed partnership expenses from nonfarm partnerships		i
Debt financed acquisition interest from nonfarm partnerships	7	· · ·
Nonfarm adjustment to SE income	<u> </u>	-/
Self-employment income reported as other income		-
Self-employment income from contracts and straddles		
Minister/Clergy self-employment income (from Clergy Worksheet Page 3, line 7)		-
Net nonfarm profit or (loss) - Schedule SE line 2	23,798	0
Other income items subject to and/or exempt from self-employment tax	•	
Fees received for services performed as a notary public) (
Earnings while debtor in a chapter 11 bankruptcy case		
Taxable community property income/-loss		
Exempt community property income/-loss		<u> </u>
Net adjustment included on Schedule SE, line 3	0	0
Het dejustrient morades on ourself of		
Net profit (loss) from self-employment activities - Schedule SE line 3	23,798	0
Met biour (1099) tions sen-embioliment apparation		
Church employee income - Schedule SE, Page 2 line 5a		
Chartell embloyee moonie - conteguio oni i ago - mis on		
•		

Tax Refund Worksheet - 2018 State and Local Refunds

2(0HC)

Name

Taxpayer Identification Number

MTG	HAEL SHETTENBERGER & RELEN LEE		
~~			•
CA	·		
1. 2	018 payments paid in 2019 1		
2. 2	018 extension paid in 2019 2.		
2 2	018 additional navment naid in 2019		
4 7	otal 2018 payments paid in 2019 (sum of lines 1 through 3)	•	
5. 7	otal payments on the 2018 return 5	. 22,286	
6. 7	Total payments on the 2018 return 5 Total 2018 overpayment/refund 6	3,453	
7. 2	(018 refund attributable to tax paid in 2019 (line 4 divided by line 5 multiplied by line 6)	· /· /	
8 2	2018 state/local tax refund attributable to tax paid in 2018 (line 6 minus line 7)	8.	3,453
•	or Commission and Com		
1. :	2018 payments paid in 2019 1.		
2.	2018 extension paid in 2019		
3.	2018 additional payment paid in 2019		r de la companya de La companya de la co
4.	2018 additional payment paid in 2019 Total 2018 payments paid in 2019 (sum of lines 1 through 3)		
5.	Total payments on the 2018 return		
o.	Total 2018 overpayment/refund		
6.	2040 Cond attributable to tax sold in 2010 (to a delicated by the 6 multiplied by time 6)	7.	n n unum a (j. 12.). A (j. 12.)
7.	Total 2018 overpayment/refund 2018 refund attributable to tax paid in 2019 (line 4 divided by line 5 multiplied by line 6) 2018 state/local tax refund attributable to tax paid in 2018 (line 6 minus line 7)	8.	
8.	2018 state/local tax relund attributable to tax paid in 2016 (line 6 minus line 7)		
			
4	2018 payments paid in 2019 2018 extension paid in 2019		eran Lagrania araban araban series
,1.	2016 payments paid in 2019		
_	2018 extension paid in 2019		e. Territoria
3.	2018 additional payment paid in 2019 3 Total 2018 payments paid in 2019 (sum of lines 1 through 3)	L	
4.	Total 2018 payments paid in 2019 (sum or lines 1 trilough 3) Total payments on the 2018 return	<u>. Tanan marat</u> in bas	
5.	Total payments on the 2018 return		
6.	Total 2018 overpayment/refund	7.4	entropolitano de la compania de la c
7.	2018 refund attributable to tax paid in 2019 (line 4 divided by line 5 multiplied by line 6)	8.	
8.	2018 state/local tax refund attributable to tax paid in 2016 (line of minus line 7)		
	1		
1.	2018 payments paid in 20191.		
2.	2018 extension paid in 2019		and the state of the state of
3.	and the second maid in 2010		
4.	Tatal 2019 payments paid in 2019 (sum of lines 1 through 3)	T*,	
5.	Total payments on the 2018 return	J.	
6.			erajoreja in obje
7.	Total 2018 overpayment/refund 2018 refund attributable to tax paid in 2019 (line 4 divided by line 5 multiplied by line 6) 2018 refund attributable to tax paid in 2018 (line 6 minus line 7)	<u>,</u>	
8.	2018 state/local tax refund attributable to tax paid in 2018 (line 6 minus line 7)	, 8.	
1.	2018 payments paid in 20191.	in the second	
2.	2018 extension paid in 2019		5 km 2 mm
3.	2018 extension paid in 2019 2018 additional payment paid in 2019 3.		
4.		4.	
5.	Total payments on the 2018 return	, <u> </u>	W/2 / 4 W
6.	m () as 40manuma antirofited	v	
7.	2040 refund attributable to tay haid in 2019 (line 4 divided by line 5 multiplied by line 6)		
Ω	2018 state/local tax refund attributable to tax paid in 2018 (line 6 minus line 7)	8.	
3	2010		

т	otal of ALL 2018 state/local tax refunds attributable to tax paid in 2019	sum of lines 7)	
7	otal of ALL 2018 state/local tax refunds attributable to tax paid in 2018 otal of ALL 2018 state/local tax refunds attributable to tax paid in 2018	sum of lines 8; for 2019 Tax Refund Wrk)	3,453
- 1	Ulai VI ALL 2010 State/1555.		1.00

Form 1040	Tax Refund Worksheet - No	Гах Benefit Derived		20119
Name			Taxpaye	r Identification Numbe
	and a supreme the		-	
MICHAEL SH	ELLENBERGER & HELEN LEE			
	2018 State and Local Refunds Not Ta	axable in 2019 Due to A	.MT	
4 Tatal refund attai	butable to 2018 (from total on Wrk 10, Tax Refund Wrk - 2018 State and Local	Refunds)		3,453
2. 2018 regular tax		2. <u>51,3</u>	<u>57</u>	
3. 2018 AMT	***************************************	3.	_0	F4 0F5
4 0040 Takal Takan			. <u> </u>	51,357
5 2018 Federal Ma	ne 2 + line 3) ne 11 + line 3) ne 2 + line 3) ne 2 + line 3)	50.2	40	
6 Tentative no ben	lefit (line 3 divided by line 5)	6		
7. Adjustment (smalle	er of line 1 or line 6)		7.	0
		2	•	
9. Recalculated 201	18 Itemized Deductions 18 Taxable Income	9	0	
10. Recalculated 201	18 Tax	10	<u> </u>	
Recalculated	2018 Tax using Sch D Tax Wrk or QDCGTW			
	2018 Form 8615			. 14
Recalculated	2018 Schedule J		4	
11. Recalculated 201	8 AMT	11	0	
12 New 2018 Total 7	Tax (line 10 + line 11)		12	. 0
13. 2018 state and I	ocal refunds not taxable in 2019 due to AMT (equals line 7, if line	12 < or = line 4)	13	<u> </u>
The amount from Lin	ne 13 will carry to the 2019 Tax Refund Worksheet			
	Client C	opy		
	2018 State and Local Refunds Not Tax	able in 2019 Dae to Zer	о Тах	
4 Takal makimal attails	outable to 2018 (from total on Wrk 10, Tax Refund Wrk - 2018 State and Local F	Refunds)	1.	
7. I Otal returns autri	after credits	2.		, ,
2. 2018 regular tax	8 tax after credits	3.		
4. Difference if any	(line 2 - line 3)	4.	**********	
4. Difference, if any	ocal refunds not taxable in 2019 due to zero tax (equals line 1, if	line 4 = zero)	5.	
5. ZU 10 State and in	e 5 will carry to the 2019 Tax Refund Worksheet		*****	
The amount from Div	5 O Will Carry to the 2010 terror			
	and the second s			
201	8 State and Local Refunds Not Taxable in 2019	Due to Sch A Tax Ded	uction L	imitation
1 2018 Schedule A	line 5d - state and local taxes before limitation	1. 32	,005	
2. Total refund attrib	utable to 2018 (from total on Wrk 10, Tax Refund Wrk - 2018 State and Local F	Refunds)	2.	3,453
3 Difference if any	line 1 - line 2)	3. 28	, 552 -	
4 2018 Schedule ∆	line 5e - limited state and local taxes	4. 10	,000	
5. Difference, if any	line 3 - line 4) (If line 5 >= zero, refund not taxable, skip to line 7)	5. 18	, 552	
,,,	,			

6. No Taxable Benefit Amount (Combine Line 2 + Line 5)

7. 2018 state/local refunds not taxable in 2019 due to Sch A tax limitation (equals (line 2, if line 5 >= zero) or (line 6, if line 6 is > zero))

The amount from Line 7 will carry to the 2019 Tax Refund Worksheet

SHELLEMICH Shellenberger,	Federal Statements	10/13/2019 6:19 P
Schedu	ule A. Line 1 - Medical and Dental Expen	ISes
Description	Amount	
TOTAL	\$ <u> </u>	
Scho	edule A. Line 5a - State and Local Taxes	
STATE WITHHOLDING ON W-2S	Description	A
STATE TAX PAYMENTIC		<u>Amount</u>
STATE DISABILITY FUND W/H		\$ 22,28 40
TOTAL INCOME TAXES*		2,03
GENERAL SALES TAX		24,72
TOTAL SALES TAXES	en de la companya de La companya de la co	1,77
	DOCTED A CAMPACAN	4.
Sch	nedule A. I ine 5h - Root Fototo T	
Schedule A. Line 8a Description	nedule A. Line 5b - Real Estate Taxes Fipsich Copy - Home Mortgage Interest & Points From	Amount 7,278 5 7,278 m Form 1098
De CONBUS RE TAX - FORM 8829 TOTAL Schedule A. Line 8a Description ORT INT FROM 8829 FORM/WRKS	nedule A. Line 5b - Real Estate Taxes Fipith Copy - Home Mortgage Interest & Points From Amount	7,278 \$ 7,278
ONBUS RE TAX - FORM 8829 TOTAL Schedule A. Line 8a	nedule A. Line 5b - Real Estate Taxes Propriet Copy - Home Mortgage Interest & Points From Amount	7,278 \$ 7,278

1 to 1 to 1 to 1

Federal Statements

Environmental Consulting	ng <u>Schedule C. Line 1 - Gross Receipts or Sales</u>
Description	Amount
TOTAL	\$ 4,341 24,085 \$ 28,426

Federal Statements

Environmental Consulting
<u>Form 8829, Line 10 - Indirect Deductible Mortgage Interest and Qualified Mortgage</u> Insurance

Description				 Amount	
MORTGAGE INTE	REST (8829,	C,	1)		\$ 24,877
TOTAL					\$ 24,877

Environmental Consulting

Form 8829, Line 17 - Indirect Insurance

Description	Amount		
INSURANCE (8829, C, 1)	\$	1,198	
TOTAL	\$	1,198	

Environmental Consulting

Business Use of Home, Line 21 - Other Expenses

Direct Indirect Description of Property Expenses Expenses Client Co INTERNET, TV, PHONE TOTAL

Federal Statements	10/13/2019 6:19 PM
ADP Totalsource MI VII LLC	
Form W-2, Box 12	
Description COST OF GROUP TERM LIFE INSURANCE COVERAGE OVER 50,000 COST OF EMPLOYER-SPONSORED HEALTH COVERAGE TOTAL	Amount \$ 0
ADP Totalsource MI VII LLC	
Form W-2, Box 14 - Other	
STATE DISABILITY INSURANCE WITHHOLDING (SDI) TOTAL	Amount \$

SHELLEMICH Shellenberger, Michael & Helen Federal Statements

10/13/2019 6:19 PM

MDRC

Form W-2, Box 12

Description	^	\mount
COST OF GROUP TERM LIFE INSURANCE COVERAGE OVER 50,000 SECTION 403(B) CONTRIBUTIONS COST OF EMPLOYER-SPONSORED HEALTH COVERAGE	\$	190 8,357
TOTAL	\$	29,271 37,818

MDRC

Form W-2. Box 14 - Other

	Des	cription		Ar	nount
STATE DISABILITY	INSURANCE	WITHHOLDING	(SDI)	\$	884
TOTAL				\$	884

SHELLEMICH Shellenberger, Michael & Helen
Federal Statements

10/13/2019 6:19 PM

Environmental Progress

Form W-2, Box 14 - Other

Description STATE DISABILITY INSURANCE WITHHOLDING (SDI) TOTAL

Amount 1,150

SHELLEMICH Shellenberger, Michael & Helen
Federal Asset Report
Environmental Consulting

Date Date In Service Cost | Sus Sec | Basis | Sec | Sec

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179 Bonus	Basis for Depr	Per Conv Meth	Prior Current
Prior MACR 1 Home	S: Office	1/01/16	570,500 570,500	8.89	50,717 50,717	39 MMS/L	2,547 1,300 2,547 1,300
Other Depre 2 Land	ciation: Total Other Depreciation	1/01/16	244,500 244,500		244,500 244,500	0 Land	<u>0</u> <u>0</u>
	Total ACRS and Other Deprec	iation _	244,500		244,500		0 0
	Grand Totals Less: Dispositions and Transfer Less: Start-up/Org Expense Net Grand Totals	rs -	815,000 0 0 815,000		295,217 0 0 295,217		2,547 1,300 0 0 0 0 2,547 1,300

SHELLEMICH Shellenberger, Michael & Helen

10/13/2019 6:19 PM

FYE: 12/31/2018

AMT Asset Report Environmental Consulting

<u>Asset</u>	Description	Date In Service	Cost	Bus ·%	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Prior MACRS: 1 Home O		1/01/16	570,500 570,500	8.89		50,717 50,717	39 MMS/L	2,547 2,547	1,300 1,300
Other Deprecia 2 Land	ation: Total Other Depreciation	1/01/16	0			0	0 HY	0	<u>0</u>
	Total ACRS and Other Depr	eciation	0		:	0		0	0
	Grand Totals Less: Dispositions and Trans Net Grand Totals	fers	570,500 0 570,500	-		50,717 0 50,717		2,547 0 2,547	1,300 0 1,300

 SHELLEMICH
 Shellenberger, Michael & Helen
 10/13/2019 6:19 PM

 Depreciation Adjustment Report

 FYE: 12/31/2018
 All Business Activities

 Form
 Unit
 Asset
 Description
 Tax
 AMT
 AMT
 Adjustments/Preferences

 MACRS Adjustments:

 C
 1
 1
 Home Office
 1,300
 1,300
 1,300
 0

 1,300
 1,300
 1,300
 1,300
 0

FYE: 12/31/2018

SHELLEMICH Shellenberger, Michael & Helen

Future Depreciation Report

10/13/2019 6:19 PM

FYE: 12/31/19 Environmental Consulting

	200	-11411 0111116	Zivironinental Consulting						
Asset	Description	Date In Service	Cost	Tax	AMT				
Prior MA	ACRS:								
1	Home Office	1/01/16	570,500 570,500	1,301 1,301	1,301 1,301				
Other De	preciation:		•						
2	Land Total Other Depreciation	1/01/16	244,500 244,500	0	0				
	Total ACRS and Other Depre	ciation	244,500	0	0				
	Grand Totals		815,000	1,301	1,301				

Form 1040	1	Sa	laries & Wage	es Report		2048
Name MICHAEL	SHELLENBER	RGER & HELI	en tær		Taxpayer	Identification Number
T/S	TOTALSOURC	imployer		Federal Wages	Federal Withheld	Soc Sec Wages
B S MDRC	· ·			80,266	12,278	88,623
	EFELLER PH RONMENTAL	IILANTHROPY PROGRESS	ADVISORS	199,000	31,492	128,400
E	*				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
G						
K			***************************************		***************************************	
L						
				100,000	31,492	128,400
		•	Taxpayer Spouse	199,000 80,266	12,278	88,623
			Totals	279,266	43,770	<u>217,023</u>
4	Sec Withheld Medi	care Wages Me	dicare Withheld	Soc Sec Tips Alloca	ited Tips Dep Care Ber	Other, Box 14
A	5,495	88,623	1,285			884
C		199,000	ant -	Con		1,150
E			Citt_	CUP	Y —	
F						
H I						
J =						
L						
M						
Taxpayer — Spouse —	7,961 :: 5,495 ::	199,000 88,623	2,886 1,285			<u>1,150</u> 884
Totals =	3,456	<u> 287,623</u> <u> </u>	4,171			2,034
State	State Wages	State Withheld	Name of L	ocality	Local Wages	Local Withheld
A CA _	80,266	5,408			80,266	
C CA _	199,000	16,878			199,000	
E						
G						
<u> </u>						
K						
L						
	199,000	16,878			199,000	
Taxpayer Spouse _	80,266	5,408		Ä	80,266 279,266	
Totals =	279,266	22,286			213,200	

Two Year Con	nparı	son Report - Pag	je 1	2017 2 2016
e Mårhære shettenburger & Helen Li	EE.	-	Taxpayer	Identification Number
MICHELIA, DIMINISTRA		2017	2018	Differences
Filing Status		MFJ	MFJ	
<u>-</u>		1	1	
	1.	258,995	279,266	20,271
2 Interest income	2.	*		
2. Tay exampt interest income	3.			
5. Qualified dividend income	5.	The second secon		
6 Toyahla statellocal refunds	- Carr			
7 Almony received			·	
9 Purince incompless		74.836	23,798	-51,038
6. Conital coinfoce		72,700		
40. Other coincidences				
10. Uniti yallishusses 44. Tavable IDA distributions				
11. Taxable IIVA distributions				
12. Taxable pelisions				
14. Parmerships corp income				
15. Estate or trust income	-			
16. Farm income/loss		·		
17. Unemployment compensation				Part of the second second
			· ·	
	19.	23 831	303.064	-30,76
	19-		1/	
21. Moving expenses	12		V 319	-85
22. Deductible part of self-employment	22	14 7 2		
24. SE health insurance				
***************************************	27			
		217 022	298 049	9 -19,8
30. Adjusted gross income		311,322	230,04	1 20,0
31. Medical		20 277	10.00	0 -29,2
32. Taxes	-			
		22,118	22,11	9
				-
	35.	4. A+		for a contract of
	37.			8 2 2971
	38.	12,700		0 2 4 2 3 3 7 5
Del Cambrida deducation		ITEMIZED	ITEMIZED	
29 Deduction taken	39.	61,871		
40 Cultimet line 20 from line 20				31 9,3
			BUTCH THE PROPERTY OF THE PROP	
40. Touchis income before Out Due to Dod (ODID)				
142. Taxable income detore Qual Bus inc Ded (QDID)	43.			
43. QBID (plus DPAD)				
	Filing Status Dependents claimed 1. Salaries and wages 2. Interest income 3. Tax exempt interest income 4. Dividend income 5. Qualified dividend income 6. Taxable state/local refunds 7. Alimony received 8. Business income/loss 9. Capital gain/loss 10. Other gains/losses 11. Taxable IRA distributions 12. Taxable pensions 13. Rent and royalty income including farm rental 14. Partnership/S corp income 15. Estate or trust income 16. Farm income/loss 17. Unemployment compensation 18. Taxable social security 19. Other income 20. Total income 21. Moving expenses 22. Deductible part of self-employment 23. SEP/SIMPLE/Qualified plans deductions 24. SE health insurance 25. Penalty on early withdrawal of savings 26. Alimony paid 27. IRA deductions 28. Student loan interest 29. Other adjustments 30. Adjusted gross income 31. Medical 32. Taxes 33. Interest 34. Contributions 35. Casualty losses 36. Miscellaneous expenses 37. Allowable itemized deductions 38. Standard deduction 39. Deduction taken 40. Subtract line 39 from line 30 41. Exemptions	MTCHAET SHELITENBURGER & HELEN LEE	This The color	PRODUCTION TRANSPORT TRA

Form 1040	Two Year Comparis	on Report - Pag	e 2 2	(0)117/28/2061
MICHAEL SHELLER BERGE	ER & HELEN LEE		MA MA	lentification Number
45. Taxable income from 2VD man	4 11	2017		Number
46. Tax on taxable income	1, line 44 45.	244,387	2018	Differences
14/. Alternative minimum	40	55,865	261,574	17,18
48. Excess advance premium tax cn 49. Child care credit	47.	8,777	51,357	-4,50
1 To Cilio Cara anadii	1/18	0,777		-8,77
50. Education credits	····· 40			
51. Potimment	FO			
52. Child & other day	E4			:
53. General business credit 54. Other credits	52.			
IDA DIDOR onnalita				
100. Intal crodite	····· 5A			
56. Net tay liability	55			
57. Self-employment tower		64,642	E1 257	
58. Other taxes	57.	2,354	51,357 637	-13,28
os. Total tax	158	831	537	<u>-1,71</u>
90. Income tay withhold	109.	67,827	52,531	
61. Estimated tax payments 62. Earned income credit	60.	49,292	43,770	-15,29
62. Earned income credit	61.	1	33,170	-5,52
63. Additional Child toy and the				
63. Additional Child tax credit 64. Other refundable tax credits 65. Other payments	63.			
65. Other payments	64.			
66. Total payments	65.			·
67. Tax due/-refund		49_292	43,770	_E_E06
65. Other payments 66. Total payments 67. Tax due/-refund 68. Penalties and interest		18, 1.5	8,761	-5,522 -9,774
oo. Net tax due/-refund		V USW V		
70. Refund applied to estimated tax n	ayments 69.	19,859	8,761	
71. Refund received	ayments 70.			11,098
72. Effective tax rate	71.			
	72.	28.0 %	20.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2017 2 Taxable Income	2017 Marginal Tax Rate	2018 Taxable Income	2018 Margina
Ordinary income	244,387	33.0%	261,574	Tax Rate
Capital income		%	202,3/4	24.0%
Capital - Sec. 1250		%	· · · · · · · · · · · · · · · · · · ·	%
Capital - Sec. 1202		%		<u>%</u>



	SHELLEMICH 10/13/2019 6:19 PM				8 2
Form 1040	Two Year	Comparis	on Report - Sc	hedule C	2017 & 2018
lame					dentification
MICHAEL SHEI					
rincipal business or profe	ssion			Unit 1	1.
ENVIRONMENTAL	L CONSULTING	[· ,			-C./
	Income		2017	2018	Differences
4 Gross receipts or sal	es	11.	79,465	28,426	-51,039
	ces		-		
					-51,039
4. Gross profit	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4.	79,465	28,426	
				00 426	-51,039
6. Gross Income		6.	79,465	28,426	
	Expenses				
7. Advertising	Expenses	7.			
	ses		*		
9. Commissions and fe	es	9.			
0. Contract labor		10.			
1. Depletion	,	11.			
2. Depreciation and se	ction 179 expense deduction	12.			
	ograms				
	n health)				
	paid to banks, etc.)	16.			
	nol conicos	17.			
-		1	0		
19. Pension and profit-s	haring plans			W	
20. Rent or lease - vehi	cles, machinery, and dip nent	2	OP	<u> </u>	
	r business property	21.			
22. Repairs and mainte	nance	22.	<u> </u>		
23. Supplies (not include	ed in cost of goods sold)	23.			
25. Travel				·	
26. Total meals and en	tertainment sand entertainment				
26a. Nondeductible meals	nd entertainment	26b.			
		27.			
27. Utilities	yment credits)	28.			
20. Wages (1000 cmple)		29.			
		30.			
	Profit (loss)	31.	79,465	28,426	-E1 000
31. Tentative profit (los	s)		4,629		
	ess use of home	22	74,836		
33. Net profit or (loss)			,		52,038
	Cost of Goods Sold			_	
34. Inventory - Beginnir	ng of year	34.			
		35.			
		36.			
37. Materials		37.			
38. Other costs		38.		<u> </u>	
	or sale (sum of lines 34-38)				
40. Inventory - End of	/ear	[40.]			

Form 1040		Tax Retu	Tax Return History Report - Page	- Page 1		
Name MICHAEL SHELLENBERGER	BERGER & HE	SLEN LEE		Taxpaver Ide	Taxpaver Identification Number	
	2014	2015	2016	2017	2010	7,00
Filing Status	MEJ	MEJ	MEJ	MEJ	ME.T	ANTE T
Salaries and wages	306,982	321,496	236.586	258 995	270 266	220 OLO
Interest income			,	200120	007/2/2	2/3/200
Dividend income						
Business income/loss	6,597		221 086	360 AF	200 400	000
Capital gains/losses			000/177	050/4/	22, 138	\$23, 798
Other gains/losses						to a
IRA distributions, pensions, annuities						¥33
Rent mysty farm rental income						10 **
Definition from Jacons				,		
raincisiipio coip ilicoille						
Estate or trust income						
Farm income/loss						
Offier income/loss	1,350	3 275				
Total income	314 929	4	010 111			,
Total adjustments	1 201	T///#7C	421,612	333,831	303,064	303,064
Adjusted gross income	24.2 520		47,504	15,909	5,015	
Allowable femized deductions	213,338	.,	4.0.768	317,922	298,049	
Standard deduction	10 400	G 8 7 6	1,814	ч	32,718	32.718
ifemized or standard deduction tolon	22,400		IN SOL	٠,٦	24,000	J
Examplions	10,000		61,814	J 61,871	32,718	32, 718
Takable income before One of the Paris	10,902	4	2,430	11,664	1.000	. 1885
Orial Bus for Day (Alice Dovo)	240,012	247,381	345,924	244,387	265.331	265 331
Taxable income	040 040	200 200			3,757	
The amounts in the projected column strange of the	770'047		345,924	244,387	261,574	265.331
B IIIII M namafad am	circiate il Olii tile leder		lax Projection Worksheet (TPVV) and this field is included in the total Schedule E income/loss amount on the TPVV	uded in the total Schedule	E income/loss amount on	the TPW
					10 11001110 000110	MC II W.

		2019 PROJECTED	265,331	E2 028	32 / 250	z 3	16 i	870'7	637	536	53.201	024 54	43,110			43 770	2010	9,431		9,431				24.0%	20.0%	
	fication Number	2018	261 574	74 257	7C5,1C			51,357	637	537	52 531	400/30	43,770			027 51	45,770	8,761		8 761	-2112			24.0%	20.0%	
Page 2	Taxpayer Identification Number	2017	TOC AAC	796757	55,865	8,777		64.642	2 354	831	1000	01,821	49,292			000	49,292	18.535	1 324	10 000	600'61			33.0%	28.0%	
Tax Return History Report - Page 2			ZULP	345,924	89,568	6,146		NF 71.4	37/ 75	CT7'0	1,77	105,686	32. 639	200/20			32.639	770,077	70,047	STT/C	78,166			33.00	21 0%	200
Tax Return		Z	2015	247,381	57.165	8,610		L	62//2		643	66.418	700 10	77,004			27 804	27,00±	38,614	2,779	41,393					27.0%
	١	INBERGER & HELL	2014	240 012	EE 108	7 182	7077		62,290	177	630	63 007	160,00	62,029			000	62,029	1,068		1.068		2		33.0%	26.0%
7070	Form C-10	Name MICHAEL SHELLENBERGER		•	Taxable income	Tax on taxable income and Form 8962	Alternative minimum fax	Total credits	Net tax liability	Soft-amployment faxes	Other transfer	Omer taxes	Total tax	Income tax withheld	Estimated tax nayments	בפוווומוכם ומי בפליים	Other payments	Total payments	Total due/-refund	Description and informet	Penalues and misresi	Net tax quer-rerund	Refund applied to estimated tax payments	Refund received	Marginal tax rate	Effective tax rate

Form 1040 Rec			4
Name	onciliation Worksheet - 1		Taxpayer Identification Number
MICHAEL SHELLENBERGER	& HELEN LEE		raxpaver Identification Number
Tax brackets are rates applied to specific lever further determines the rate applied. Marginal ordinary income and capital gain income, the Filling Status Tax Method TAX RATE SCHEDULE	THE THIE IS THE THE PRICE OF THE HIGHER	st level of taxable income. This wo al tax rate and the tax method use	orksheet details how tax is calculated ed.
TAX NATE SCHEDULE			
Tax using ordinary and capital gains rates or Tax using capital gains rates	exceeds tax using only ordinary rates. Tax	able income is taxed only using ordina	ry rates:
samp capital gains lates	Tax using Ordinary rates	Tax sa	vings
Taxable Amount Ordinary Income 261,574 Capital Income	$\frac{24.0\%}{\%}$ 51,357	ne Marginal Tax Rate - Income \$165,000 - \$315	Range to Next Tax Bracket ,000 53,426
Capital Income - 1250	<u></u> %		
Capital Income - 1202	%		
come taxed at ordinary rates 10% rate MAXIMUM TAXABLE INCOME PER THE 12% rate MAXIMUM TAXABLE INCOME PER THE 22% rate MAXIMUM TAXABLE INCOME PER THE 32% rate MAXIMUM TAXABLE INCOME PER THE 35% rate 35% rate 37% rate Total ordinary taxable income and ordinate Come taxed at capital gains rates 0% capital gains rate 20% capital gains rate 20% capital gains rate	S BAA KET: \$69,350 S BBA KET: \$60,000 BRANKET:	6a. 7a. 7a. 8a. 261,574 9a 10a 11a. 12a	1b. 1,908 2b. 7,005 3b. 19,266 4b. 23,178 5b. 6b. 7b. 8b. 51,357
28% capital gains rate sma	Il business stock, collectibles	13a.	13h
Total taxable capital gains and capital ga	ains tax. Add lines 9 through 13	14a.	14b.
Taxable income reported on 1040, line 10,	the Foreign Earned Income Tax Wor	ksheet line 2c	16
tal tax	••		· · · · · · · · · · · · · · · · · · ·
Total ordinary tax. Enter the amount from li Total capital gains tax. Enter the amount fro Tax on child's interest and dividend. Tax on lump-sum distribution. Other taxes. Add lines 20 through 24.			21 22 23
. Enter the tax allocated to the net exclusion	amount from the Earling Formed Inc.		25. 51 357
Total tax reported on 1040, line 11, (1040N	R, line 42, or 1040NR-EZ, line 15). St	ibtract line 26 from line 25	26
			^{27.} 51,357